

## Physicians for the Underserved

*Because the National Health Service Corps is a consumer of many of the products—physicians, osteopaths, and other health professionals—of medical and other health professional education, the Corps' Director has evaluated that education in terms of how well it prepares students for caring for the underserved.*

FITZHUGH MULLAN, MD

THE NATIONAL HEALTH SERVICE CORPS (NHSC) is currently the nation's largest employer of physicians whose exclusive clinical mission is to care for the medically underserved. Currently the Corps has almost 1,000 physicians assigned to community clinics in health manpower shortage areas, rural and urban. The NHSC spends more than one-half million dollars a year on recruiting physicians who are interested in accepting the challenge of practice in a shortage area.

More important for the future is the National Health Service Corps Scholarship Program. This program provides full tuition and a stipend to students of medicine, osteopathy, and other health professions in return for their commitment to serve in the Corps on a year-for-year pay-back basis. Currently some 5,370 medical and osteopathic students

(9 percent of such students in the nation) receive scholarship support. Another 3,000 are presently deferred from service pending the completion of residency training. The scholarship program has been funded at a level of \$75 million for fiscal year 1979 and is slated to increase to \$85.5 million in fiscal year 1980.

Clearly, the Congress is in earnest in its efforts to provide physicians for Americans who have had too little access to medical services in the past. Both the percentage of medical education supported by the NHSC scholarship program and the greatly increased numbers of physicians who will become available through this program in the immediate future make the Corps' effort critical to the provision of health services in this country. Because of the extent to which the National Health Service Corps supports medical education and consumes its products—physicians and other health professionals—it is appropriate to ask what we in the Corps can say about how well American physicians are being trained for care of the underserved.

### Medical Education Today

First, it is clear that with rare exceptions neither medical students nor house officers are exposed to learning situations that are designed to develop the unique sensitivities or skills needed for service to indigent, isolated, or impoverished groups or populations which are ethnically and linguistically distinct. A student who wishes to pursue such experiences may be able to do so electively, but few schools approach the problem of care of the underserved systematically as part of the curricular mainstream.

Second, to date most medical schools have paid relatively little attention to their students who are being supported by NHSC scholarships. Although a school with only a handful of scholarship recipients in its ranks may reasonably ignore the question of curricular modification, many schools with a large percentage of scholarship recipients likewise have done little to reassess their educational responsibilities. Specifically, there are 5 schools with more than 20 percent of their students on NHSC scholarships and

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Medical students and DHEW Region VIII Clinical Coordinator Dr. Don Weaver listen to Dr. John Lossee discuss his practice at the National Health Service Corps clinic in Central City, Colo.

another 12 schools with between 10 and 20 percent. In total, 26 medical schools each have more than 50 scholarship students among their enrollees. Moreover, many of the schools with large numbers of NHSC scholarship recipients are private ones with high tuition, based in urban medical centers whose traditional mission has been training academicians and practitioners of specialty and subspecialty medicine. The need for curricular reassessment in all these schools is acute.

Third, as evidenced by the articles in this issue of *Public Health Reports*, a number of experiments are being conducted in curriculum development. These efforts are encouraging, but the mainstream of medical education exhibits relatively little innovation, experimentation, or renovation in training physicians to work with the underserved.

### NHSC Scholarship Recipients

In view of the current state of medical education, it is fair to ask what the experience of the National Health Service Corps has been in placing graduates of its scholarship program in shortage areas around the country. To date, all NHSC scholarship program graduates arriving at their time of service have been eligible to default their obligation and pay the Government back the amount of money they have received, plus simple interest over a 3-year period. Disturbingly, approximately 30 percent of the eligible physicians have exercised this option. Although, of course, multiple factors are involved in this statistic, one cannot escape the conclusion that the preparation for service which these physicians received during their period of medical school and residency was inadequate. Neither the positive reinforcement, nor the role modeling,

nor the expectations of their teachers, their peers, and their family were sufficient to discourage them from defaulting on a Federal commitment—a commitment that had paid the price of their medical education.

The presumption that still underlies training for a career in medicine and that continues to be reinforced by most medical education is that the trainee will go into individualistic, private medical practice. The appeal of that ethic is understandable, but the teaching and training institutions of this country are going to have to work hard to add status and credibility to alternative forms of practice if the National Health Service Corps strategy—or for that matter, any other national effort to provide care to the underserved—is going to work.

### Broadening Medical Education

There is a great deal that the National Health Service Corps it-

self can do to instruct and orient scholarship recipients during the years that they are on award and in deferment. Until recently the Corps has devoted little attention to this important area. In the last year, however, it has undertaken a number of activities designed to interest scholarship recipients in community-responsive medical practice during their period of training. These activities have included the following:

#### 1. NHSC preceptorship program.

Working through the American Medical Student Association Foundation, the National Health Service Corps offers summer or elective-time clinical preceptorships at NHSC sites. In future years, these preceptorships will be available to preclinical students and students in disciplines other than medicine. It is hoped that all scholarship recipients will spend at least one period of preceptorship at a Corps site before beginning their service with the NHSC.

#### 2. Acclimation conferences.

Each year the National Health Service Corps sends a team to those schools with the highest concentration of scholarship recipients. This team, which includes NHSC administrators as well as current NHSC physicians, presents the latest information on the National Health Service Corps and its placement system, and then in large and small groups, it responds to the questions and concerns of the students.

#### 3. NHSC scholarship network.

The National Health Service Corps periodically holds conferences for students and faculty members from those schools that will not be visited by a traveling team. The idea is to give one student and one faculty member from a school a

concentrated 2-day briefing that will enable them to serve as advocates for the National Health Service Corps at their school. Equipped with information from the conference, they will be able to return to their school and hold meetings to answer questions of students or when appropriate, refer them to persons in the bureaucracy.

#### 4. Publication.

Using *Public Health Reports* as a vehicle, the NHSC has sponsored the publication of seven indepth profiles of current National Health Service Corps placements. These articles contained detailed descriptions of ongoing community clinics and presented the entire spectrum of practice opportunities in the Corps. These profiles have been circulated to all scholarship recipients in school and in deferment. It is anticipated that periodically such material will be circulated to all NHSC scholarship recipients.

#### 5. Future acclimation plans.

A number of additional ideas are currently under consideration, including a locum tenens program for NHSC residents that would function parallel to the preceptorship program.

### Improving Care of Underserved

Shortage area practice, the community-responsive practice, and care of the underserved are all terms used to describe the current national effort to improve the accessibility and responsiveness of health care services for our poor and isolated citizens. The Federal Government has shown a serious commitment to this undertaking by funding both the NHSC scholarship program and the NHSC itself at very substantial levels in spite of a period of budgetary constraint.

The assumption has been that the simple purchase of a certain percentage of the graduates of medical schools would assure a successful program. What has become apparent, however, as the NHSC program has matured is that the training institutions of the country will have to use their expertise and creativity in designing programs that will help to prepare young physicians to spend part or all of their careers in providing care to the underserved. Put simply, we need to retool portions of our medical assembly line if we are going to produce new kinds of physicians to meet the challenge of the National Health Service Corps. Ideally, this retooling would come from the educational institutions themselves and not be dictated by Federal regulation. The Congress, however, it should be noted, is serious about making the NHSC program work. The default situation, for instance, has been met by a change in the law so that now a triple payback is required over a 1-year period—a measure that is calculated to eliminate “buyouts.” The medical education community needs to respond positively and imaginatively to the challenge of the NHSC. In the long run, arbitrary statutes and regulations are not the best way to improve the care of the nation’s medically disenfranchised.

The National Health Service Corps is an exciting, new part of the practice of medicine in America. Its full potential, however, will only be realized if medical schools and training institutions participate vigorously and consciously in the effort to prepare physicians to care for the underserved. We hope that the articles in this issue of *Public Health Reports* will stimulate a long and thorough discussion of the education of physicians for such service.